



Automatic Fax Reporting of Newborn Screening Results

The Michigan Department of Community Health will be implementing a data reporting system that allows agencies to receive Newborn Screening laboratory reports via an AUTOMATIC FAX TRANSMISSION. Fax reporting will provide significant improvement in screening result turn around time to your facility.

To convert your agency to an AUTOMATIC FAX TRANSMISSION AGENCY;

- 1) A letter must be mailed to the MDCH Bureau of Laboratories, Newborn Screening Section on your agency letterhead consenting to becoming an automatic fax agency, and be signed by a person who is authorized to make this request.
- 2) The following statement of understanding must be completed, signed and returned along with the consenting letter.

The letter and agreement must be mailed to MDCH via U.S. mail to the following address:

Michigan Department of Community Health
Bureau of Laboratories, Newborn Screening Section
3350 Martin Luther King, Jr. Boulevard
Lansing, MI 48909

The schedule for AUTO FAX reporting has not yet been determined. It is likely that reports could go out at various times during the day and night, as well as on a weekend. That is why it is imperative that the secure FAX be operational 24 hours per day, 7 days per week.

If your agency chooses this fax reporting option, the delivery of Newborn Screening laboratory reports through the United States Postal System will be eliminated. **A secure FAX must be available 24 hours per day, 7 days per week (24/7) to receive reports.**

Please notify MDCH if your FAX machine is down for repairs. If an alternate, secure FAX number is available, reporting can be promptly changed to the alternate FAX. **Please notify MDCH when your secure FAX number is again operational.** If your FAX machine is down, and you do not have an alternate secure FAX, reports will be mailed until your machine is operational, without any unnecessary delays. **It is the responsibility of your agency to maintain a secure FAX line.**

If you have any further questions, please contact Harry Hawkins by telephone at 517- 335-8095 or E-mail: hawkinsh@michigan.gov

Please keep this letter for your records



STATEMENT OF UNDERSTANDING

AGENCIES SELECTING AUTOMATIC FAX TRANSMISSION OPTION

1. I understand that ALL NEWBORN SCREENING result reports of patient testing by the MDCH Bureau of Laboratories will be sent to this agency by FAX transmission.
2. I understand that upon conversion to a fax transmission agency, NO hard copy reports will be sent using the United States Postal Service.
3. The FAX number provided to MDCH is a **secure facsimile machine**. To be a secure facsimile machine, the following criteria must be met:
 - Only persons authorized to review confidential clinical laboratory test results use or otherwise have access to incoming FAX transmissions.
 - The facsimile machine is in a secure location during non-business hours in the event that FAX transmittal occurs after normal business hours.

Date _____

Agency Name _____

Agency Address _____

Authorized Signature _____

Secure FAX Number _____

Contact Person for FAX Problems (please print) _____

Contact Person's Phone Number for Problems _____

Please keep a copy for your records